

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 102000001		CITY OR TOWN	KEHOBO	lП
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	: KENLIN OPERA S A FRANCIS FAR				
		CTATE. MA	ZID CODE.	02760	
CITY/TOWN: RE		STATE: MA	ZIP CODE:	02769	
MANAGER: FOI J.	LEY, KENNETH TY	YPE OF LICENSE:Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
		WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	F LICENSED PREM		OCED DV A DICK		
_		ORTH PATIO ENCLO	DSED BY A PICK	ET FENCE	
· · · · · · · · · · · · · · · · · · ·	swear under penaltic	es of perjury that: If the same type for the	somo promisos nos	y ligansadı	
		th all laws of the Comm	1		
	•	or business (If not expla	•	to taxes, and	
3. the pren	nses are now open re	or ousiness (if not expire	un ociow)		
SIGNED BY:	Individual, Partno	er or Authorized Corpo	rate Officer		
	•	·			
DATE:	TEI EPHO	NE NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETHO	NE NOMBER.	(Note: NOT In	ndividual Social S	Security Number)
Acts of 2004, signe	ed by the building i	re in possession (1) the nspector and the head r liability insurance r	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	1.:				
(If disapproved exp	iain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	102000002		CITY OR TOW	N KEHUBU	lП
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HILLSIDE COUNTR	Y CLUB by Lomb	oardi's, Inc		
DOING BUSINESS A	A HILLSIDE COUNT	RY CLUB by Lon	nardi's		
ADDRESS 82 HILLS	IDE AVE.				
CITY/TOWN: REHO	ОВОТН	STATE: MA	ZIP CODE:	02769	
MANAGER: Lomb	ardi, Steven R. TYPE	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:			
10,000 SQFT. CLUB	HOUSE, ATTACHED	FIRST FLOOR S	HOP AND WED	DING TENT.	
I hereby certify and sv	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for the	same premises no	ow licensed;	
2. the license	e has complied with al	l laws of the Comn	nonwealth relatin	g to taxes; and	
3. the premise	es are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE :	NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Wo the and outloned	044004 4h 04 0			inad bu Chant	204 of the
	, attest that we are in by the building inspe				
	ertificate of liquor lia				
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE.			-		
DATE:					



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LICENSE NUI	MBER: 102000004		CITY OR TOWN	REHOBOTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: REHOBOTH	GOLF COURSE, INC.		
DOING BUSIN	NESS A			
ADDRESS 15	5 PERRYVILLE RD.			
CITY/TOWN:	REHOBOTH	STATE: MA	ZIP CODE:	02769
MANAGER:	DINGLEY, KATHERINE	TYPE OF LICENSE: Re	estaurant CAT	EGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
		OF A KITCHEN, TWO L DOMS, LIQUOR ROOM		OCKER ROOMS,
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now lic	censed;
2. the	licensee has complied	d with all laws of the Com	monwealth relating to t	axes; and
3. the	premises are now ope	en for business (If not expl	lain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indivi	dual Social Security Number)
We the under	signed, attest that w	ve are in possession (1) th	ne certificate required	by Chapter 304 of the
Acts of 2004,	signed by the building	ng inspector and the hea	d of the fire departme	ent for the above named
license and (2) the certificate of li	quor liability insurance	required by Chapter 1	16 of the Acts of 2010.
Please Check Belo	<u>ow:</u>		LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	ı explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	D BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.	L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 102000005		CITY OR TOWN	REHOBOTH
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	PRISCILLA D. CLA A HIDDEN HOLLO CE LANE			
CITY/TOWN: REI	НОВОТН	STATE: MA	ZIP CODE:	02769
MANAGER: CLA	RK, TYPI SCILLA D.	E OF LICENSE:Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI		EMAIL ADDRESS	
	LICENSED PREMIS			DOOM AND MENC
	G; FIRST FLOOR;BA CELLAR FOR STORA		J KOOM, LADIES F	ROOM AND MENS
	see has complied with a sees are now open for be	ousiness (If not exp	lain below)	o taxes; and
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building insp	pector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER:	: 102000006		CITY OR TOWN	REHOBOT	TH
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CUPPELS, INC.				
DOING BUSINESS A	A MIDDLEBROOK	COUNTRY CLUE	3		
ADDRESS 149 PLEA	ASANT ST.				
CITY/TOWN: REH	ОВОТН	STATE: MA	ZIP CODE:	02769	
MANAGER: CUPP LAWI	PELS, TYP RENCE G. JR.	E OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF L					
2 STORY BLDG WITUSED FOR STORAG		UPPER AND FOU	R ROOMS LOWER	. WITH CELI	LAR
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	the same type for the	e same premises nov	v licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for l	business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:			EMPLOYE	D IDENTIFICATI	EION NI IMPER
DATE.	TELEPHONI	E NUMBER:			FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed					
license and (2) the co					
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LI	CENSEES DURING THE N	MONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10200	0007	CITY OR TOWN REHOBE	ЛП
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: PINE	VALLEY GOLF CLUB, INC.		
DOING BUSINESS A PINE	E VALLEY GOLF CLUB		
ADDRESS 136 PROVIDEN	CE ST.		
CITY/TOWN: REHOBOTI	H STATE: MA	ZIP CODE: 02769	
MANAGER: COTTER,	TYPE OF LICENSE: R	Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
ГWO STORY BLDG,CARD CARD ROOM AND 2 EXIT		TRANCES AND EXITS; ONE EX	XIT IN
I hereby certify and swear un	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for the	he same premises now licensed;	
2. the licensee has co	omplied with all laws of the Cor	mmonwealth relating to taxes; and	l
3. the premises are n	now open for business (If not exp	plain below)	
SIGNED BY:			
Indivi	dual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned attest	that we are in necession (1) t	the certificate required by Chap	nter 304 of the
		ead of the fire department for th	
license and (2) the certifica	te of liquor liability insurance	e required by Chapter 116 of the	e Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)		·	
DATE:			



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LICENSE NUM	IBEK: 102000008		CITY OR TOWN REHOE	ЮІП
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NA	ME: SUN VALLE	EY RESTAURANT, INC		
DOING BUSIN	ESS A			
ADDRESS 327	SUMMER ST.			
CITY/TOWN:	REHOBOTH	STATE: MA	ZIP CODE: 02769	
	PELLEGRINO, JOHN A.	TYPE OF LICENSE:R	destaurant CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
ONE STORY B AND A PRO GO		G OF A KITCHEN,DINI	NG ROOM, LADIES AND ME	ENS ROOMS
I hereby certify	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	ne same premises now licensed;	
2. the li	censee has complied	d with all laws of the Cor	nmonwealth relating to taxes; as	nd
3. the p	remises are now ope	en for business (If not exp	plain below)	
SIGNED BY:				
	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIE	CATION NUMBER:
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, si	igned by the buildi	ng inspector and the he	the certificate required by Cha ad of the fire department for required by Chapter 116 of t	the above named
Please Check Belov	<u>v:</u>		LOCAL LICENSING AU	ГНОRITY
APPROVED:			By:	
DISAPPROVEI	· —			
(If disapproved	explain)			
			-	
DATE:				
APPLICATION FOR F	RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NUMBER	: 102000009		CITY	OR TOWN	REHOROT	H
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CRESTWOOD AG	CQUISITIONS INC.				
DOING BUSINESS	A CRESTWOOD O	COUNTRY CLUB				
ADDRESS 90 WHEI	ELER ST.					
CITY/TOWN: REH	ОВОТН	STATE: MA	ZI	P CODE:	02769	
MANAGER: MON	IZ, JOSEPH G. TY	PE OF LICENSE: Clu	ıb	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADD	RESS		_
DESCRIPTION OF I	LICENSED PREMI	SES:				
L SHAPED TWO ST		FRANCES AND EXI 2 OFFICES CARD R				
	· · · · · · · · · · · · · · · · · · ·	ND FLR; KITCHEN,				
I hereby certify and s	wear under penalties	s of perjury that:				
1. the renewe	ed license will be of	the same type for the	same p	oremises nov	w licensed;	
2. the license	e has complied with	n all laws of the Comm	nonwea	alth relating	to taxes; and	
3. the premis	es are now open for	business (If not expla	ain belo	ow)		
SIGNED BY:						
	Individual, Partner	r or Authorized Corpo	orate Of	fficer		
DATE:				EMBLOWE		NON MUMBER
DATE.	TELEPHON	NE NUMBER:	(ER IDENTIFICAT ndividual Social S	
						,
0	,	e in possession (1) the		_		
		spector and the head liability insurance r				
Please Check Below:	•	·	-		SING AUTHO	
APPROVED:			By:	AL LICEN	SING AUTH	JKII I
DISAPPROVED:			- ,			
(If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY I	LICENSEES DURING THE M	ONTH OF	· NOVEMBER (M.G.L. Ch. 138 \$ 16	δA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 102000012		CITY OR TOWN	REHOBOT	TH
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: LEVON KAIAN SS A PLAZA PIZZA INTHROP STREET				
CITY/TOWN: RI	ЕНОВОТН	STATE: MA	ZIP CODE:	02769	
MANAGER:	T	YPE OF LICENSE:Res	taurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
	F LICENSED PREM				
A RESTAURANT TWO DRIVEWAY		D CENTER ENTRANC	CE AND EXIT, EXI	T TO KITCI	HEN.
	mises are now open f	or business (If not explant or business) (If not explant or Authorized Corpo	in below)	,	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, sign	ned by the building	re in possession (1) the inspector and the head or liability insurance re	of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 102000014		CITY OR TOWN	REHOBOTH	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	E: LIQUOR BASKET,II	NC			
DOING BUSINE	SS A SPEEDWAY LIQU	ORS			
ADDRESS 49 FA	LL RIVER AVE				
CITY/TOWN: R	ЕНОВОТН	STATE: MA	ZIP CODE:	02769	
MANAGER: JA	ACKSON,JOHN J. TYPE R.	OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcoho	1
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION (OF LICENSED PREMISES	S:			
HAS ONE ROOM	AS 4 MAIN ROOMS AND M, THE WEST LEAN-TO G FREIGHT. FRONT ENT	IS DIVIDED INTO			
I hereby certify ar	nd swear under penalties of	perjury that:			
1. the ren	newed license will be of the	same type for the	same premises now	licensed;	
2. the lice	ensee has complied with al	l laws of the Comm	nonwealth relating to	taxes; and	
3. the pre	emises are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
					Ш
DATE:	TELEPHONE :	NUMBER:		IDENTIFICATION NUMBER	
			(Note: NOT Ind	ividual Social Security Number	:)
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:	ING ACTHORITI	
DISAPPROVED:			_ , .		
(If disapproved ex	xplain)				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	J2000016		CITYOR	IOWN	KEHOBO!	lП
APPLICATION FOR R	ENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: N	IICHAEL JOHN P	ACHECO & AN	A MARIA PA	CHEC	O	
DOING BUSINESS A	CHARTLEY COU	NTRY LIQUOR	L			
ADDRESS 319A TREM	MONT ST					
CITY/TOWN: REHOI	ВОТН	STATE: M	A ZIP C	ODE:	02779	
MANAGER:	TYPI	E OF LICENSE:	Package Store	(CATEGORY:	All Alcohol
EMAIL ADDRESS:	-					
PLE	ASE ALSO VISIT OUR WEE	BSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF LIC	ENSED PREMISI	ES:				
BLDG IS 50 X 49 WIT	H BEER COOLER	, TWO ENTRAI	NCES AND E	XITS		
I hereby certify and swe	ar under penalties o	of perjury that:				
1. the renewed	license will be of th	ne same type for	the same prem	ises nov	w licensed;	
2. the licensee l	has complied with a	all laws of the Co	mmonwealth r	elating	to taxes; and	
	are now open for b			6	, , , , , , ,	
or the premises	are now open for o	u om o so (11 1100 u .	.p.a			
SIGNED BY:	ndividual, Partner o	or Authorized Co	rporate Office	r		
-	adividual, i di dici	7	Tporate office	•		
DATE:	TELEPHONE	ENUMBER:	El	MPLOYI	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET HOLVE	, i (civibilità	(Note:	NOT I	ndividual Social S	Security Number)
Please Check Below:			LOCAL	LICEN	ISING AUTH	ODITV
APPROVED:			By:	LICEIV	ISING ACTIO	OKITI
DISAPPROVED:			Dy.			
(If disapproved explain)						
, 11 ,						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 102000024	C	ITY OR TOWN REHOBOT	H
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS		YEAR
LICENSEE NAME: REHOBOTH	AMERICAN LEGION POS	Т 302	
DOING BUSINESS A			
ADDRESS 84 BAY STATE RD			
CITY/TOWN: REHOBOTH	STATE: MA	ZIP CODE: 02769	
MANAGER: LAMBORGHINI, LISA A.	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PRI			
ONE STORY BLDG, FIRST FLOOI EXIT AT REAR AND KITCHEN	R LOUNGE, TWO REST R	OOMS, MAIN ROOM, STOR	AGE
the renewed license will b the licensee has complied the premises are now open SIGNED BY: Individual, Pa	with all laws of the Common	nwealth relating to taxes; and below)	
DATE: TELEPI	JONE MANDED	EMPLOYER IDENTIFICAT	ION NUMBER:
TELEPI	HONE NUMBER:	(Note: NOT Individual Social Se	
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head o	f the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 102000025		CITY	OR TOWN	REHOBOT	ТН
APPLICATION FOR RENEWAL:		Annual	Annual LICENSED FOR		SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	CUMBERLAND	FARMS OF MAS	SACHUSE	TTS,INC		
DOING BUSINESS	A					
ADDRESS 389 AN	AWAN ST					
CITY/TOWN: REI	НОВОТН	STATE: N	IA ZI	P CODE:	02769	
MANAGER: SILV	VA, CRISTAL L.TY	PE OF LICENSE	:Package St	tore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDI	RESS		_
DESCRIPTION OF						
LEFT UNIT OF A C DELIVERY/EMER	ONE STORY, THRE GENCY ENTRANC					IT AND
	see has complied with ises are now open for Individual, Partne	r business (If not e	explain belo	w)	o taxes; and	
	111011100011, 1 011010	- 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DATE:	TELEPHO	NE NUMBER:	(I			TION NUMBER: eccurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOC By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER: 102000029		CITY OR TOWN	REHOBOT	ГН
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: THE WINE SHACK LLC DOING BUSINESS A THE GRAPE VINE				
ADDRESS 289 WINTHROP STREET				
	ATE: MA	ZIP CODE:	02769	
MANAGER: RICCIO, JULIE TYPE OF L	LICENSE: Pac	kage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND DESCRIPTION OF LICENSED PREMISES:	D ENTER YOUR EN	MAIL ADDRESS		_
1300 SQUARE FEET WITH FRONT ENTRANG	CE AND REA	AR EXIT DOOR.		
2. the licensee has complied with all laws 3. the premises are now open for business SIGNED BY: Individual, Partner or Auth	s (If not expla	nin below)	to taxes; and	
DATE: TELEPHONE NUM	BER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES	DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 14	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 102000032		CITY OR TOWN	REHOBOT	Ή
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: KP GRILLE LLC				
DOING BUSINESS	S A KP GRILLE				
ADDRESS 481 WI	NTHROP STREET				
CITY/TOWN: RE	НОВОТН	STATE: MA	ZIP CODE:	02769	
	SSENGER, TYPE VID R.	OF LICENSE: Res	taurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISES	S:			
	ITH BOOTH AND TAB P & RIGHT HANDICAP				
I hereby certify and	swear under penalties of	perjury that:			
1. the renev	wed license will be of the	same type for the	same premises now	licensed;	
	see has complied with all		ě	to taxes; and	
3. the prem	ises are now open for bu	siness (If not expla	in below)		
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe certificate of liquor lia	ctor and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(ii disappioved expl	14111/				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 102000033		CITY OR TOWN REHOBO	ЛП
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	IE: VINO'S FAMII	LY CAFÉ 'LLC		
DOING BUSINE	SS A VINO'S FAM	ILY CAFÉ		
ADDRESS 503 V	WFINTHROP STRE	ET		
CITY/TOWN: R	REHOBOTH	STATE: MA	ZIP CODE: 02769	
	IGNEAU, /ILLIAM J.	ΓΥΡΕ OF LICENSE: R€	estaurant CATEGORY	: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED PRE	MISES:		
			STROOMS(HANDICAP RONT & ONE ADDITIONAL I	EXIT IN
I hereby certify an	nd swear under penal	ties of perjury that:		
1. the rer	newed license will be	of the same type for the	e same premises now licensed;	
	-		monwealth relating to taxes; and	d
3. the pre	emises are now open	for business (If not exp	lain below)	
SIGNED BY:	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, sig	ned by the building	inspector and the hea	ne certificate required by Chap ad of the fire department for the required by Chapter 116 of th	ne above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED (If disapproved ex				
(ii disapproved ex	apiaiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	102000038		CITY OR TOWN REHOBO	ІП
APPLICATION FOR I	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	HROP STREET BOTH EDO,ELSA M.TYPE	STATE: MA E OF LICENSE: Pac		: All Alcohol
DESCRIPTION OF LI CONVENIENCE STO		ES:		
2. the licensee 3. the premise. SIGNED BY:		ll laws of the Comn usiness (If not expla		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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LICENSE NUMBER: 1	02000040		CITY	OR TOWN	REHOBOT	H
APPLICATION FOR R	ENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 3 PARK ST						
CITY/TOWN: REHOL		STATE: MA	71	P CODE:	02769	
MANAGER: VIJ, JA		YPE OF LICENSE: Re			CATEGORY:	All Alcohol
EMAIL ADDRESS:						7
	ASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADD	RESS		
DESCRIPTION OF LIG	CENSED PREM	IISES:				
UNITS 2,3,4,5, OF 3 P. ENTRANCE 3 PARTK KITCHEN, BAR, OFFI	ST AND ARE	AR ENTRANCE 3 BA	ACK YA	RD DINDI	NG ROOM,	
I hereby certify and swe	ar under penalti	es of perjury that:				
1. the renewed	license will be o	of the same type for the	e same p	remises nov	v licensed;	
	•	ith all laws of the Com		•	to taxes; and	
3. the premises	are now open for	or business (If not exp	lain belo	ow)		
SIGNED BY:	ndividual, Partn	er or Authorized Corp	orate Of	ficer		
DATE:	TELEPHO	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Individual Social Security Number)			
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building i	inspector and the hea	d of the	fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [)					
(== sisuppis (ou explain)	•					
DATE						
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY	LICENSEES DURING THE N	MONTH OF	NOVEMBER (M.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10200	00041	CITY OR TOWN	REHOBOTH
APPLICATION FOR RENI	EWAL: Annua	l LICEN	SED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: MFB	FOODS,INC		
DOING BUSINESS A REF	HOBOTH HOUSE OF PIZZA	A	
ADDRESS 503 WINTHRO	P ST,UNITS 2 & 3		
CITY/TOWN: REHOBOT	H STATE:	MA ZIP CODE:	02769
MANAGER: BENJAMIN MICHAEL	TYPE OF LICENS	E:Restaurant C.	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
MAIN DINING ROOM, KI STORAGE AREA	TCHEN AREA, PREP ARE	A AND DISH AREA AN	ID NEXT DOOR
SIGNED BY:	now open for business (If not		
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed by the	t that we are in possession of the building inspector and the ate of liquor liability insura	head of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			